

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILED		ADJUDICATED		ADJUDICATED			AD FILED		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1							31						
2							32						
3							33						
4							34						
5							35						
6							36						
7							37						
8							38						
9							39						
10							40						
11							41						
12							42						
13							43						
14							44						
15							45						
16							46						
17							47						
18							48						
19							49						
20							50						
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						